AMEDD Center & School Occupational Therapy Branch

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Project Paratus Update

Project Paratus continues to move forward in its endeavor to transform behavioral health (BH) occupational therapy (OT) practice in the Army. Working toward this end, the "Army Behavioral Health Occupational Therapy Questionnaire" was recently disseminated to Army OT practitioners to determine their BH experience, perceptions and training needs. I want to again say "thank you" to all those OT practitioners who responded. I'm glad to report 144 responses to the questionnaire. The raw data has been compiled and is being analyzed to determine future OT training needs and marketing strategies for BH OT services. Initial review of the data indicates that current Army BH OT practice is limited but Army OT practitioners are interested in engaging in BH OT practice in the future. The data will be presented at the 14 January VTC.

With this information in hand, the 91WN3 program curriculum is being reviewed and revised to better prepare future Army OT assistants for BH OT practice. The intent of this revision is to ensure that Army OT assistants develop the relevant skills needed to function effectively in behavioral healthcare practice upon graduation from training. Given world events, we cannot count on the availability of prolonged on-the-job-training (OJT), after initial MOS training, to develop our go-to-war BH OT skills prior to deployment. As such, future N3 students must develop key BH practice skills during their level I training, refine them on level II, and leave their level II fieldwork training ready for deployment in a behavioral healthcare setting.

A key issue that will help in the training process is the development of the new MOS Task List for the 91WN3 SOLDIER'S MANUAL and TRAINER'S GUIDE. The new MOS Task List has been approved. There are over a dozen new tasks that relate directly to BH practice. The training curriculum for the 91WN3 program is being revised based on this new task list to give future 91WN3s the skills they need to function effectively in BH practice. Writing the new task standards should begin shortly and should be completed within the next six months. The approved task list will be sent to the field ahead of time so leaders can offer input as the task standards are being written. One of the most important effects of the new task list is that therapists and NCOs in the field will be able to use this task list to guide their prime time and Sergeant's time training. This is essential to prevent the atrophy of infrequently used skills.

Several training opportunities are currently available to enhance OT practitioners' BH skills. The "Management of Combat Stress Casualties Course" is scheduled to be held at Camp Bullis, TX from 9 to 21 May, 2004. This year's course content is being revised based on lessons learned from Iraq as well as from data derived from the BH OT

Questionnaire. Get your DA form 3838's in to the OT Branch early. Additionally, the Alcohol and Drug Training Section of the Soldier and Family Support Branch at the AMEDD C & S provides several courses (available to OT officers and enlisted members) in support of the Army Substance Abuse Program (ASAP). Available courses include: Individual Counseling, Group Counseling and Advanced Counseling. While these courses are not specifically designed for OT practitioners, they have information pertinent to OTs working with patients dealing with addictions. If you are looking for a funded TDY to enhance your practice skills with this population, this is a great opportunity. More information can be found at this website: https://www.cs.amedd.army.mil/sfsb/AD_Courses.asp . Be sure to take advantage of this great training opportunity.

The role of the Army OT practitioner is to enhance the occupational performance of soldiers so they can fulfill their chosen occupational roles. We do this by improving or restoring the functional abilities of our clients, regardless of the source of the occupational dysfunction. Project Paratus is on course to ensure Army OTs are prepared to fulfill our important role of enhancing the occupational performance of soldiers experiencing dysfunction due to behavioral health conditions.